

EXHIBIT 6
9/28/12 ZAVIN DECLARATION
CASE NO. 12-4175-WHP

Form **LLC-45.5**
June 2010

Secretary of State
 Department of Business Services
 Limited Liability Division
 501 S. Second St., Rm. 351
 Springfield, IL 62756
 217-524-8008
 www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Illinois Limited Liability Company Act
Application for Admission to
Transact Business

SUBMIT IN DUPLICATE

Type or Print Clearly.

This space for use by Secretary of State.

Filing Fee: \$500**Penalty:** \$**Approved:** *JB*

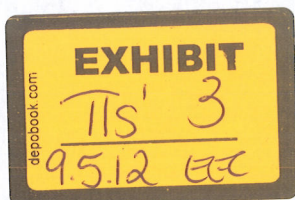
0333050-8

FILE #:

This space for use by Secretary of State.

FILED**SEP 24 2010****JESSE WHITE**
SECRETARY OF STATE

- Limited Liability Company Name: Intercom Poland, LLC
- Assumed Name: _____
(This item is only applicable if the company name in item 1 is not available for use in Illinois, in which case form LLC 1.20 must be completed and submitted with this application.)
- Jurisdiction of Organization: Delaware
- Date of Organization: August 2, 2010
- Period of Duration: perpetual
(Enter Perpetual unless there is a Date of Dissolution provided in the agreement, in which case enter that date.)
- Address of the Office required to be maintained in the jurisdiction of its organization or, if not required, of the Principal Place of Business: (P.O. Box alone or c/o is unacceptable.)
790 Remington Blvd.
 Number Street Suite #
Bolingbrook, IL 60440
 City, State ZIP Code
- Registered Agent: Dan C Cole
 First Name Middle Name Last Name
 Registered Office: 191 North Wacker Drive 23rd Floor
 (P.O. Box alone or c/o is unacceptable.) Number Street Suite #
Chicago Illinois 60606
 City Zip Code
- If applicable, Date on which Company first conducted business in Illinois: Not applicable



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LLC-45.5

9. Purpose(s) for which the Company is Organized and Proposes to Conduct Business in Illinois: Any lawful purpose for which a limited liability company may be formed under the Act

10. The Limited Liability Company: (check one)

a. ☒ is managed by the **manager(s)** (List names and addresses.)

DBPol LLC

790 Remington Blvd.

Bolingbrook, IL 60440

b. ☐ has management vested in the **members(s)** (List names and addresses.)

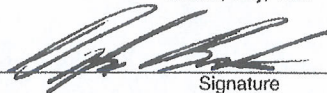
11. The Illinois Secretary of State is hereby appointed the agent of the Limited Liability Company for service of process under circumstances set forth in subsection (b) of Section 1-50 of the Illinois Limited Liability Company Act.

12. **This application is accompanied by a Certificate of Good Standing or Existence, duly authenticated within the last 60 days, by the officer of the state or county wherein the LLC is formed.**

13. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated: 9/17/10

Month, Day, Year



Signature

Dylan Bates

Name and Title (type or print)

DBPol LLC, Manager

If applicant is signing for a Company or other Entity, state Name of Company and indicate whether it is a member or manager of the LLC.